Department of Planning, Zoning and Development. 25 West Market Street, P.O. Box 88, Leesburg, Virginia 20178 (703) 771-2765/ Fax-(703) 771-2724

SP#-_____(T)

ZONING ADMINISTRATOR

TEMPORARY SIGN PERMIT	

Name of Business:	Phone:	
Property Address:		
Property Owner:	Phone:	
Owner Address:		
Sign Contractor:	Phone:	
Contractor Address:		
Applicant (Please Print): Name:		
Address:	Phone:	
(Signature/Title)		
Zoning District:/	Sign Area: = Sq.Ft.	
Sign Classification:	Signs Material:	
Display Period:	Setback From Right of Way:(Freestanding Only)	
Conditions of Approval:		

FEE:_____ D ATE:___